

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 20 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000004185

1. Corporation Name

FERGUSON ELECTRIC COMPANY, INCORPORATED

300141079703  
01/20/09--01001--009 \*\*\$600.00

**REINSTATEMENT** 06-09  
CR2E081 (12/08) CC1/2c

2. Principal Office Address - No P.O. Box # 112 NORTHWEST DRIVE		3. Mailing Office Address 112 NORTHWEST DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLAINVILLE, CT		City & State PLAINVILLE, CT	
Zip 06062	Country US	Zip 06062	Country US

4. Date Incorporated or Qualified To Do Business in Florida 07/21/2005	
5. FEI Number 060839579	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Gary M. Krasna, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 120 E. Palmetto Park Road		
Suite, Apt. #, Etc. Suite 100		
City Boca Raton	State FL	Zip Code 33432

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1/13/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	FERGUSON, LEE T.	112 NORTHWEST DRIVE	PLAINVILLE, CT 06062
V	ERDMAN, JOANNE	112 NORTHWEST DRIVE	PLAINVILLE, CT 06062

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/13/09 (860) 793-5037  
Daytime Phone # X227

LEE T. FERGUSON